



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 83845		2. Exact name of the Corporation BLOCK ISLAND GARDENERS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHARITABLE AND EDUCATIONAL	
4. NAICS Code 813319 - Other Social Ad			
6. Principal Office Address BOX 661		City BLOCK ISLAND	State RI
		Zip 02807	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KEN MOSS		Vice-President Name MAUDE CHASSE	
Street Address BOX 1123		Street Address BOX 158	
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND
			State RI
			Zip 02807
Secretary Name MARY SUE RECORD		Treasurer Name STEPHEN ROBISON	
Street Address BOX 460		Street Address BOX 694	
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND
			State RI
			Zip 02807
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name TONY MILLER		Director Name PAUL MARTE	
Street Address BOX 353		Street Address BOX 427	
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND
			State RI
			Zip 02807
Director Name FRED NELSON		Director Name PEG LEWIS	
Street Address BOX 295		Street Address BOX 1915	
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND
			State RI
			Zip 02807
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative STEPHEN ROBISON			Date 6/1/2017
Signature of Officer/Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 05 2017

BY

FORM 631 - Revised: 05/2017